

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>BH0004174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/27/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENIKOR FOUNDATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2414 BUNKER HILL DRIVE BATON ROUGE, LA 70808</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comment  A Physical Environmenet survey was conducted at 2414 Bunker Hill Drive Baton Rouge, LA 70808 of the 5 units and 22 beds substance abuse treatment center . The 5 units and 22 beds were approved for services.	2 000		

DHH/Health Standards Section  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE